N433 Care Plan #1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 10/20/2020	**Patient Initials** K. W.	**Age (in years & months)** 8 years 1 month	**Gender** Female
Code Status FULL	**Weight (in kg)** 30.3 kg (66lb 12.8oz)	**BMI** 19.09kg/m2	**Allergies/Sensitivities (include reactions)** Amoxicillin - hives Dogs and cats - hives Peanuts - hives Penicillins - hives Bactrim - hives Sulfa - hives

Medical History (5 Points)

Past Medical History: The patient has the following medical history:

- Allergic rhinitis
- Asthma
- History of ear infections, otitis media
- History of allergies
- History of wheezing related to asthma

Illnesses: The patient has had chronic eczema.

Hospitalizations: She was hospitalized for viral bronchiolitis on 11/25/2012 - 11/26/2012.

Past Surgical History: Ms. K has had the following surgeries:

- Bilateral adenoidectomy (2/11/2016)
- Myringotomy (2/11/2016)
- Removal of fecal impaction (8/4/2016)

Immunizations: The patient's immunizations are up to date - per mom.

Birth History: She was a full term baby.

Complications (if any): No pregnancy or birth complications.

Assistive Devices: No assistive devices in use.

Living Situation: She lives at home with her mother and brother.

Admission Assessment

Chief Complaint (2 points): Abdominal pain - constipation

Other Co-Existing Conditions (if any): Fever and sore throat

Pertinent Events during this admission/hospitalization (1 points): She's had a fever and sore throat.

History of present Illness (10 points):

Patient KW is an 8-year-old female presented to the walk-in clinic on 10/19/2020 with a chief complaint of abdominal pain, fever, headache, and sore throat. She has been having a fever that comes and goes several days before the walk-in clinic. At the clinic, the child had projectile vomiting and was sent to the ER at Carle, where she was treated with IV fluids. She was then admitted to the pediatrics floor on 10/20/2020 for constipation and possible underlying conditions related to her fever. Her mom stated that her daughter experiences pain upon palpation of the abdomen; the child being unable to speak, grunting, and facial grimacing upon assessing the abdomen supported the mother's claim. The mother described abdominal pain as "cramping and aching." Alongside the abdominal pain, the child was recorded for a 103 F fever, decreased appetite, and decreased fluid intake. Aggravating factors of the pain include palpation of the abdomen. She is now being treated for constipation with laxatives, enemas, stool softeners, and strep group C with IV ceftriaxone.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Constipation

Secondary Diagnosis (if applicable): N/A

Pathophysiology of the Disease, APA format (20 points):

Pathophysiology

Constipation is defined as having three or fewer bowel movements in seven days or bowel movements that are dry, small, or difficult to pass (Capriotti & Frizzell, 2016). Constipation occurs when interference with at least one of the colon's three primary functions occurs (Hinkle & Cheever, 2018). The three parts include mucosal transport, myoelectric activity, and defecation processes (Hinkle & Cheever, 2018). Constipation is categorized into three different classes. Functional constipation is the most common form of constipation, including the mucosal transport (Hinkle & Cheever, 2018). Increasing fluid and fiber intake can treat functional constipation (Hinkle & Cheever, 2018). Slow-transit constipation is the second class of constipation, which is caused by inherent disorders of the colon's motor function (Hinkle & Cheever, 2018). The third class of constipation consists of defecatory conditions caused by dysfunction of the pelvic floor and anal sphincter (Hinkle & Cheever, 2018). Interference between one of the three classes can lead to constipation. History of abnormalities of fecal elimination can also lead to the development of constipation. The patient went through a fecal impaction removal on 8/4/2016.

Signs and Symptoms

Some of the signs and symptoms commonly seen in constipation include - fewer than three bowel movements in a week, abdominal pain, bloating, straining, and elimination of small, lumpy, hard, dry stools (Hinkle & Cheever, 2018). The patient has not had many successful

bowel movements several days before admission. She is also experiencing pain that is rated 7-9/10.

Expected Vital signs, labs, and clinical data

The patient's vital signs upon assessment were within normal limits. Her sputum culture came back positive for strep group C related to her sore throat and fever. She had an elevated white blood cell (WBC) and neutrophil count that is indicative of an infection. Her urine was amber in color, which indicates dehydration related to vomiting and decreased oral intake. There were no other lab values that may be related to constipation. Expected lab findings include elevated inflammatory response lab values like ESR and CRP as well as WBC. High calcium levels and hypothyroidism may be seen as well. The patient had elevated WBC; ESR, CRP, and calcium were all within normal limits.

Diagnostic findings

Patient history, physical examination, barium enema, and sigmoidoscopy are some of the diagnostic tests ordered for the diagnosis of constipation (Hinkle & Cheever, 2018). Other diagnostic tests include anorectal manometry, defecography, colonic transit studies, and MRI (Hinkle & Cheever, 2018). The patient's provider ordered an abdominal and pelvic CT, which showed stool in the colon and trace pelvic fluid that may indicate enterocolitis.

Treatments

Treatment for fecal impaction like constipation includes lifestyle interventions and medications (Capriotti & Frizzell, 2016). Lifestyle interventions involve increasing fluid and fiber intake. Individuals can find fiber sources in fruits and vegetables, as well as whole wheat food products. Increasing physical activity is another nonpharmacological intervention (Hinkle & Cheever, 2018). Pharmacological interventions include laxatives, stool softeners, and enemas

(Hinkle & Cheever, 2018). The patient is on laxatives and stool softeners. She has had an enema done on 10/22/2020.

Potential Complications

Some potential complications of constipation include, fecal impaction, anal fissure, rectal prolapse, and hemorrhoids (Capriotti & Frizzell, 2016). The patient has a history of fecal impaction.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: introductory concepts and clinical perspectives.* F.A. Davis Company.

Hinkle, J. L. & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins.

Ac**tive Orders (2 points)**

Order(s)	Comments/Results/Completion
Activity: As tolerated	The patient can do activities of daily living as much as she can tolerate.
Diet/Nutrition: Clear liquids	The patient is on clear liquids due to nausea and vomiting.
Frequent Assessments: Abdominal assessments	Frequent abdominal assessments were ordered to make sure there are no changes in characteristics and stays consistent. We are also watching for improvements.
Labs/Diagnostic Tests: Ultrasound of the abdomen	Ultrasound of the abdomen completed on 10/20/2020.
Treatments: Enema, stool softer (Miralax)	Enema completed on 10/22/2020.

Other: N/A	N/A
New Order(s) for Clinical Day	
Order(s)	**Comments/Results/Completion**
Possible NG tube insertion	The patient has limited oral intake tolerance due to nausea and vomiting.
Miralax NG administration	To be administered for constipation.
N/A	N/A

Laboratory Data (15 points)

CBC Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range (specific to the age of the child)	Admission or Prior Value	Today's Value	Reason for Abnormal Value
RBC	4.0-5.5	4.74	4.76	Normal lab value
Hgb	11.5-14.5	14.2	N/A	Normal lab value
Hct	33.0-43.0%	42.0%	N/A	Normal lab value
Platelets	150-450K	246	N/A	Normal lab value
WBC	4.5-11K	13.27	4.61	WBC elevation is indicative of inflammation or infection (Hinkle & Cheever, 2018). The patient's sputum culture was positive for beta strep group C.
Neutrophils	1.64-7.87	10.01	2.28	Elevated neutrophils indicate there is an infection or inflammation in the system (Hinkle & Cheever, 2018). The patient's sputum culture was positive for beta strep group C.
Lymphocytes	11.8-45.9%	16.2%	34.7%	Normal lab value
Monocytes	4.4-12.0%	7.7	9.8%	Normal lab value

Eosinophils	0.0-6.3%	0.2	5.4%	Normal lab value
Basophils		0.2	0.4%	Normal lab value
Bands	0.0-5.0%	N/A	N/A	Normal lab value

Chemistry Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission or Prior Value	Today's Value	Reason For Abnormal
Na-	135-145	136	N/A	Normal lab value
K+	3.5-5.1	3.8	N/A	Normal lab value
Cl-	95-108	104	N/A	Normal lab value
Glucose	70-100	108	N/A	Slight elevation in blood glucose may occur in infection or antibiotic use (Hinkle & Cheever, 2018). The patient was on ceftriaxone for treatment of sore throat (strep group C).
BUN	5-20	12	N/A	Normal lab value
Creatinine	0.3-0.7	0.49	N/A	Normal lab value
Albumin	3.5-5.6	4.4	N/A	Normal lab value
Total Protein		8.2	N/A	Normal lab value
Calcium	8.8-10.8	9.9	N/A	Normal lab value
Bilirubin	0.0-1.2	0.5	N/A	Normal lab value
Alk Phos	35-105	258	N/A	Alk Phos tend to be higher in children undergoing growth spurts. It is caused by increased bone growth (Ricci et al., 2017).

AST	15-50	19	N/A	Normal lab value
ALT	5-55	25	N/A	Normal lab value
Amylase	30-100	74	N/A	Normal lab value
Lipase	3-216	97	N/A	Normal lab value

Other Tests Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Admission or Prior Value	Today's Value	Reason for Abnormal
ESR	0-10	N/A	N/A	N/A
CRP	0-10	N/A	N/A	N/A
Hgb A1c	<5.7%	N/A	N/A	N/A
TSH	0.5-5.0	N/A	N/A	N/A

Urinalysis Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Admission or Prior Value	Today's Value	Reason for Abnormal
Color & Clarity	Yellow Clear	Amber Clear	N/A	An amber color can indicate dehydration (Hinkle & Cheever, 2018). The patient is dehydrated due to low oral intake of fluids in the last 48 hours.
pH	5.0-8.0	5.0	N/A	Normal lab value
Specific Gravity	1.005-1.034	1.009	N/A	Normal lab value
Glucose	Normal	Normal	N/A	Normal lab value
Protein	Negative	Negative	N/A	Normal lab value

Ketones	Negative	Negative	N/A	Normal lab value
WBC	<5	2	N/A	Normal lab value
RBC	0-4	1	N/A	Normal lab value
Leukoesterase	Negative	Negative	N/A	Normal lab value

Cultures Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	**Normal Range**	**Admission or Prior Value**	**Today's Value**	**Explanation of Findings**
Urine Culture	Negative	Negative	Negative	Normal lab value
Blood Culture	Negative	Negative	Negative	Normal lab value
Sputum Culture	Negative	Positive	N/A	Sputum culture will be positive if there is an increased presence of a pathogen due to an infection (Hinkle & Cheever, 2018). The patient is positive for beta strep group C which is causing her to have a sore throat.
Stool Culture	Negative	Negative	Negative	Normal lab value
Respiratory ID Panel	Negative	Negative	Negative	Negative for covid-19

Lab Correlations Reference (APA):

Hinkle, J. L. & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins.

Ricci, S.S., Kyle, T., Carman, S. (2017). *Maternity and Pediatric Nursing* (3rd ed.). Wolters Kluwer.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

1. Abdominal and pelvic CT: The CT was ordered to help visualize what is going on in her abdomen. The CT helps with determining what is causing the pain related to her constipation, whether it is fecal impaction or inflammation of tissue.
2. Chest x-ray: The chest x-ray was ordered to visualize if there is anything in the patient's chest that could indicate a respiratory infection related to her sore throat.
3. KUB ultrasound: Evaluates the urinary tract (kidneys, ureters, and bladder), to visualize if the patient has any abnormalities like blockages to rule out abdominal pain related to the urinary tract.

Diagnostic Test Correlation (5 points):

1. Abdominal and pelvic CT: The CT showed the presence of stool in the colon and trace of pelvic fluid. The trace of pelvic fluid can be indicative of enterocolitis (Hinkle & Cheever, 2018).
2. Chest x-ray: All lung fields were clear. The CT showed thickening of the bronchial walls bilaterally. The patient has a history of asthma and respiratory allergies.
3. KUB ultrasound: Showed no abnormalities.

Diagnostic Test Reference (APA):

Hinkle, J. L. & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins.

Current Medications (8 points)
****Complete ***ALL*** of your patient's medications****

Brand/Generic	**Tylenol**	**Proventil**	**Rocephin**		**Toradol**

	acetaminophen	albuterol HFA	ceftriaxone	Ethyl Chloride	ketorolac
Dose	454.4 mg	180 mcg (2 puffs)	2 g in 20 mL sterile water	100%	15 mg
Frequency	Q4H; PRN	Q4H; PRN	Daily	Once	Q6H; PRN
Route	PO	Inhalation	IV piggy	Topical spray	IV push
Classification	Analgesic; antipyretic	Bronchodilator	Antibiotic		
Mechanism of Action	Acts directly on the temperature-regulating center in the hypothalamus by inhibiting synthesis of prostaglandin E2.	Acts on beta 2 receptors on the smooth muscles and cause relaxation.	Inhibits cell wall formation in bacteria.	Causes a drop in temperature in the area applied on which produces a temporary anesthetic effect.	Inhibits synthesis of prostaglandins in body tissues by inhibiting COX-1 and COX-2.
Reason Client Taking	pain and fever	SOB and wheezing	Infection of strep group C infection (sore throat)	NG tube insertion	Severe pain (7-10)
Concentration Available	160 mg/5ml	90 mcg/inh	2g	100%	30mg/mL
Safe Dose Range Calculation	160 mg - 1,625 mg	1 -2 inhalations 90 - 180 mcg	2-4g/day	N/A	0.5mg/kg
Maximum 24-hour Dose	1,625 mg	1080 mcg	4g/day	Once in 24 hours	15mg
Contraindications (2)	Hypersensitivity; severe hepatic impairment	Hypersensitivity ; allergies	Liver or kidney disease; bleeding problems	Allergy to medication; hypersensitivity	Asthma; clotting disorder
Side Effects/Adverse Reactions (2)	Hepatotoxic; hypotension	Tremor; tachycardia	Nausea; vomiting	Hives; SOB	Nausea; vomiting
Nursing Considerations (3)	Check liver function labs before administration; monitor for renal dysfunction; Do not exceed recommended dosage	Administer pressurized inhalations of albuterol during second half of inspiration; Use cautiously in patients with cardiac disorders; Monitor serum potassium levels - may cause	Do not mix with other antibiotics; Flush IV before and after administering medication; IV infusion should take at least 30 minutes to complete	Do not put on cuts, scrapes, or damaged skin; The medicine may cause harm if swallowed; Inhalation of ethyl chloride may cause breathing problems	Potential risk for cardiovascular damage; Severe skin reactions may occur; May increase risk of hyperkalemia

		hypokalemia			
Client Teaching needs (2)	Tablets can be crushed; Take the medication as prescribed	Educate client how to use an inhaler; Instruct client to wash mouthpiece with water once a week and let it air-dry	Avoid medications that can cause diarrhea; Call your doctor if there is blood present in your stool	Do not take by mouth, only use on your skin; Do no use near open flame, the medicine is flammable	Avoid taking aspirin or other NSAIDs; Store at room temperature out of direct sunlight

Brand/Generic	**Zofran** ondansetron HCL	**Nulytely** Peg-electrolyte solution	**Miralax** polyethylene glycol		
Dose	3 mg	2,424 mL	17g		
Frequency	Q8H; PRN	Once	BID		
Route	IV	PO	PO		
Classification	Antiemetic	Laxative	Laxative		
Mechanism of Action	Reduces nausea and vomiting by preventing serotonin release.	Induces diarrhea that causes a bowel cleansing effect	Causes water retention in stool, which increases stool frequency		
Reason Client Taking	Nausea and Vomiting	Constipation	Constipation		
Concentration Available	2mg/mL	17g	17g		
Safe Dose Range Calculation	0.1-0.15mg/kg 3.03-4.6 mg	0.2-0.8g/kg/day 6.06-24.2g/day	0.2-0.8g/kg/day 6.06-24.2g/day		
Maximum 24-hour Dose	16 mg/day	17g/day	17g/day		
Contraindications (2)	Hypersensitivity; coadministration with apomorphine (causes hypotension)	Hypersensitivity ; bowel perforation	Hypersensitivity; toxic colitis		
Side Effects/Adverse Reactions (2)	Headache; constipation	Stomach pain; vomiting	Abdominal cramping; dermatitis		
Nursing	Use according to	Avoid use in	Concomitant use		

Considerations (3)	schedule not PRN; Should not be used instead of nasogastric suction; This is not a drug that stimulates gastric or intestinal peristalsis	patients with bowel obstruction; Do not give for more than 1 week; Prolonged use may cause electrolyte imbalances	of stimulant laxatives may increase risk of ischemic colitis; Increases risk for mucosal aphthous ulceration; risk for fluid and electrolyte imbalances		
Client Teaching needs (2)	Report any dizziness or fast/irregular heartbeat; store at room temperature away from direct light and moisture	Store at 25 C (77 F); Remain adequately hydrated	Notify the provider if you experience worsening abdominal pain; Notify provider if you experience any rectal bleeding		

Medication Reference (APA):

Jones & Bartlett Learning. (2019). *Nurses drug handbook.*

Assessment

Physical Exam (18 points)

GENERAL (1 point):	The patient was awake and oriented to person,

Alertness: **Orientation:** **Distress:** **Overall appearance:**	place, time, and situation (x4). She looked well nourished. The patient showed a lot of distress with a grminicing look on her face. She was also applying pressure to her abdomen. Clear signs of discomfort and pain noted.
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	Braden Score: 20 (not a skin risk) The skin was warm, dry, intact, and pink in color. Good turgor noted. The patient had minor swelling in a previous IV site. The dressing was clean, dry, and intact at the time of assessment. The patient has eczema on all four extremities. No other rashes, bruises, or wounds noted. No drains present.
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:** **Thyroid:**	The patient's head was normocephalic and midline with no deviations. The ears showed patent canals and intact bilaterally. No hearing abnormalities noted. There was no drainage in the patient's ears. Trachea is midline. The patient exhibited PERRLA and the six cardinal fields of gaze. The nostrils were patent bilaterally, and showed no deviated septum. The oral mucosa was pink, moist, and intact with teeth present. Tongue was pink in color. Her throat was slightly pink and swollen, maybe due to strep group C infection.
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☐** **Edema Y ☐ N ☐** **Location of Edema:**	S1 and S2 were heard. The patient's heart exhibited irregular rhythm every 10-15 beats. Auscultated for 1 minute. Peripheral pulses were palpated in pedal sites; graded at 2+ bilaterally. Her capillary refill lasted less than 3 seconds. No edema, murmurs, or JVD noted.
RESPIRATORY (2 points):	Her respirations were unlabored and even at 18

Accessory muscle use: Y☐ N ☐ **Breath Sounds: Location, character**	breaths/min. Her lungs were clear to auscultation in all lobes with no accessory muscle use, bilaterally. The patient's chest moved with each respiration with no chest wall deformities observed. Her O2 saturation was noted at 99% on room air at the time of assessment. The patient had no productive cough.
GASTROINTESTINAL (2 points): **Diet at home:** **Current diet:** **Height (in cm):** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	Ht: 126 cm Wt: 30.3 kg Last BM: 10/23/2020 - small, brown, liquid The patient had abdominal pain she rated at 7-9/10 during assessment. Interventions were implemented to improve pain. The patient was not on any special diet at home; she is on clear liquids only, during her inpatient stay due to nausea and vomiting caused by solid foods. Her abdomen was soft and nondistended with active bowel sounds in the RLQ after auscultating for 3-5 minutes. The abdomen was round and moved with respirations. There was no organomegaly noted. No incision, scar, drain, or wound noted. No feeding tubes in use during the time of assessment. Her provider ordered an NG tube placement for later in the day.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:** **Size:**	The patient has not voided in the last 24 hours prior to assessment. She did not void during the time of clinical. No distention of the bladder noted. The patient's mother did not report any changes in voiding or reported any dysuria. The patient did not have a catheter or on dialysis.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐**	Fall Score: 10 (not a fall risk) The patient has a history of falls. The patient was able to perform active range of motion in both upper and lower extremities,

Fall Risk: Y ☐ N☐ **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	bilaterally. She exhibited equal bilaterally strength in all four extremities. The patient is a 1 assist for getting out of bed. The patient requires a walker and a gait belt with stand-by ambulation. There was no joint swelling noted. No discomforts reported.
NEUROLOGICAL (2 points): **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	The patient moved all extremities well (MAEW) and PERRLA was noted. Her strength is equal bilaterally in all extremities. Her mental status is appropriate for her age. She is alert and oriented x4. The patient speaks English as her primary language per mother. She was in distress during the time of assessment. Sensory is intact. No change in LOC noted.
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s) of caregiver(s):** **Social needs (transportation, food, medication assistance, home equipment/care):** **Personal/Family Data (Think about home environment, family structure, and available family support):**	The patient lives at home with her mom and brother. Her parents are separated. Her mom is a registered nurse. She has a healthy group of friends, per mom. She likes Disney princesses and plays with her friends when she can. They have Christian beliefs and are strong in values.

Vital Signs, 1 set (2.5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0915	74	105/64	18	37.2 C (97.8)	99%

Normal Vital Sign Ranges (2.5 points)
****Need to be specific to the age of the child****

Pulse Rate	60-115 bpm
Blood Pressure	110/75 - 90/55 mm Hg
Respiratory Rate	12-20 per minute

Temperature	97.4 - 99.6 (F)
Oxygen Saturation	92-100%

Normal Vital Sign Range Reference (APA):

Ricci, S.S., Kyle, T., Carman, S. (2017). *Maternity and Pediatric Nursing* (3rd ed.). Wolters Kluwer.

Pain Assessment, 2 sets (2 points)

Time	**Scale**	**Location**	**Severity**	**Characteristics**	**Interventions**
0900	Numeric	Abdomen	9/10	Cramping, aching	Promote relaxation
Evaluation of pain status *after* intervention	Numeric	Abdomen	9/10	Cramping, aching	PRN analgesic medication
Precipitating factors: The patient was experiencing a lot of pain in her abdomen and it is tender to the touch. **Physiological/behavioral signs:** She was grimacing and grunting whenever her stomach was palpated.					

Intake and Output (1 points)

Intake (in mL)	**Output (in mL)**
2 oz (60 mL) of water during clinical	0 mL during clinical; 0 mL in the last 24 hours at the time of assessment

Developmental Assessment (6 points)
Be sure to highlight the achievements of any milestone if noted in your child. Be sure to highlight any use of diversional activity if utilized during clinical. There should be a minimum of 3 descriptors under each heading

Age Appropriate Growth & Development Milestones

1. Children in the school-age years should be able to develop 20/20 visual acuity (Ricci et al., 2020).
2. Children in this age group should develop an understanding of the principle of conversation (Ricci et al., 2017).
3. Gross and fine motor skills should increase in accuracy (Ricci et al., 2017).

Age Appropriate Diversional Activities

1. Watching some of her favorite tv shows during assessment.
2. Playing with her stuffed toy and doing assessments on the toy similar to the assessments done to her.
3. Talking about what she likes to do for fun before, during, and after the assessments.

Psychosocial Development:

Which of Erikson's stages does this child fit? This patient fits in the "industry vs inferiority" of Erikson's Psychosocial Developmental stages (Ricci et al., 2017).

What behaviors would you expect? I expect this child to be able to cooperate and be somewhat interested in how things work (Ricci et al., 2017). I expect the child to be interactive with peers (Ricci et al., 2017).

What did you observe? Despite the pain that she was experiencing, she did her best responding to the questions that were asked of her. I showed her my pen light to distract her a little bit and she asked how it works. I told her that I use it to look at my patients' eyes, she asked if she could look at mine and she shined the pen light at my left eye. She likes to play with her friends when she is able.

Cognitive Development:

Which stage does this child fit, using Piaget as a reference? The child is in the "concrete operational" of Piaget's cognitive developmental stages.

What behaviors would you expect? I expect the child to be able to tell time and somewhat be able to solve simple problems. I also expect the child to be able to hold a simple conversation (Ricci et al., 2017).

What did you observe? The patient was able to tolerate having a conversation with me when we talked about her stuffed toy and Finding Nemo. She stated that she likes Dory and I told her I liked Bruce, the shark. That seemed to bring a slight smirk on her face. She was able to tell me what kind of fish/animal was on the screen while watching Finding Nemo.

Vocalization/Vocabulary:

Development expected for child's age and any concerns? School age is when the vocabulary expands (Ricci et al., 2017). They begin to understand more complex concepts like metaphors and riddles (Ricci et al., 2017). The child was not able to speak much due to her pain, but there are no concerns regarding her vocalization and vocabulary.

Any concerns regarding growth and development? No concerns regarding growth and development.

References

Ricci, S.S., Kyle, T., Carman, S. (2017). *Maternity and Pediatric Nursing* (3rd ed.). Wolters Kluwer.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
● Include full nursing diagnosis with "related to"	● Explain why the nursing		● How did the patient/ family respond to

and "as evidenced by" components	diagnosis was chosen		the nurse's actions? ● Client response, status of goals and outcomes, modifications to plan.
1. Dysfunctional Gastrointestinal motility related to constipation as evidenced by minimal to no bowel movements since admission.	The patient was admitted for constipation.	1. Treat physiologic dysfunction with prescribed pharmacologic interventions. 2. Encourage oral intake of clear fluids.	The patient will have a bowel movement today.
2. Risk for infection related to sore throat as evidenced by positive sputum culture for strep group C.	The patient is also experiencing sore throat,	1. Reduce entry of organisms. 2. Monitor for signs of infection.	The patient will express relief of sore throat.
3. Acute pain related to constipation as evidenced by pain rated 7-9/10	The patient has had abdominal pain for several days.	1. Reduce factors that increase pain. 2. Provide optimal pain relief with prescribed analgesics.	The patient will report a decrease in pain.
4. Impaired comfort related to constipation and fever as evidenced by the patient's face grimacing and applying pressure to her stomach.	The patient is in pain and fever.	1. Assess the source of discomfort. 2. Provide health teaching when indicated.	The patient will report acceptable control of symptoms as evidenced by improved comfort.

Other References (APA):

Carpenito, L. J. (2017). *Handbook of nursing diagnosis*. Philadelphia: Wolters Kluwer.

Concept Map (20 Points):

Nursing Diagnosis/Outcomes

Dysfunctional Gastrointestinal motility related to constipation as evidenced by minimal to no bowel movements since admission.
Outcome: The patient will have a bowel movement today.

Risk for infection related to sore throat as evidenced by positive sputum culture for strep group C.
Outcome: The patient will express relief of sore throat.

Acute pain related to constipation as evidenced by pain rated 7-9/10.
Outcome: The patient will report a decrease in pain.

Impaired comfort related to constipation as evidenced by the patient's face grimacing and applying pressure to her stomach.
Outcome: The patient will report acceptable control of symptoms as evidenced by improved comfort.

The patient did not have an improvement in abdominal pain during the clinical.
The patient had increased comfort level.
She rated her pain at 9/10 during assessment.
She experienced vomiting in the clinic prior to admission
She is experiencing nausea and vomiting.

Objective Data

The patient had an elevated WBC at 13.27
Her neutrophils were at 10.01 (elevated)
She was able to drink ~2oz of water

Ms. K is an 8-year-old girl who presented to the ER with abdominal pain, fever, and sore throat on 10/19/2020. She was admitted for inpatient stay on 10/20/2020 for constipation.

Treat physiologic dysfunction with prescribed pharmacologic interventions.

Encourage oral intake of clear fluids.

Reduce entry of organisms.

Monitor for signs of infection.

Reduce factors that increase pain.

Provide optimal pain relief with prescribed analgesics.

Assess the source of discomfort.

Provide health teaching when indicated.

Patient Information

Nursing Interventions